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REISSUE PATENT APPLICATION TRANSMITTAL

Assistant Commissioner for Patents Box Reissue Washington, DC 20231 APPLICATION FOR REISSUE OF: (Check applicable box) APPLICATION ELEMENTS (37 CFR 1.173) ACCOMPANYING APPLICATION PARTS 1. X Fee Transmittal Form (PTO/ SB/ 56) (Submit an original, and a duplicate for fee processing) 2. X Applicant claims small entity status. See 37 CFR 1 27. 3. X Specification and Claims in double column copy of patent format (amended, if appropriate) 4. X Drawing(s) (proposed amendments, if appropriate) First Named Inventor Original Patent of Original Patent Issue Date (Month/Day/Year) 1. Design Patent Design Patent Design Patent Plant Patent ACCOMPANYING APPLICATION PARTS 7. X Statement of status/support for all changes to the claims. See 37 CFR 1 173 (c) 8. Original U.S. Patent for surrender Ribboned Original Patent Grant Statement of Loss (PTO/SB/55) 9. Foreign Priority Claim (35 U.S.C. 119) (if applicable) Information Disclosure Copies of IDS	Address to:			Attorney Docket No.	NPI-885-001					
Box Reissue Washington, DC 20231 Original retent Number 1,043,863 Original Label No			First Named Inventor	Carnevali, Jeffrey D						
Washington, DC 20231 Continued Patent Issue Date Express Mail Label No. EJ826043929US EJ826043929			Original Patent Number	5,845,885						
Express Mail Label No. EJ826043929US APPLICATION FOR REISSUE OF: X Utility Patent Design Patent Plant Patent APPLICATION ELEMENTS (37 CFR 1.173) ACCOMPANYING APPLICATION PARTS 1. X Fee Transmittal Form (PTO'SB/56) (Submit an original, and a displacable for the processing) 2. X Applicant claims small entity status. See 37 CFR 1.27. 3. X Specification and Claims in double column copy of patent format (amended, if appropriate) 4. X Drawing(s) (proposed amendments, if appropriate) 5. X Reissue Cath/Declaration (original or copy) 6. Original U.S Patent currently assigned? X Yes No (If Yes, check applicable box(es)) X Written Consent of all Assignees (PTO/SB/53) X 37 C F.R § 3.73(b) Statement X Power of Attorney (PTO/SB/96) 15. CORRESPONDENCE ADDRESS Customer Number or Bar Code Label (Insent Customer No or Attach bar code label here) Name Charles J. Rupnick PO Box 46752 Address City Seattle State WA Zip Code 98146 Country USA Telephone (206) 439-7956 Fax (206) 439-3223				12/08/98						
APPLICATION ELEMENTS (37 CFR 1.173) ACCOMPANYING APPLICATION PARTS 1. X Fee Transmittal Form (PTO/ SB/ 56) (Submit an organs) and a dupknate for fee processural) 2. X Applicant claims small entity status. See 37 CFR 1 27. 3. X Specification and Claims in double column copy of patent format (amanded if appropriate) 4. X Drawing(s) (proposed amendments, if appropriate) 5. X Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52) 6. Original U.S. Patent currently assigned? X Yes No (if Yes, check applicable box(es)) X Written Consent of all Assignees (PTO/SB/53) X 37 C.F.R. § 3.73(b) Statement X Power of Attorney 15. CORRESPONDENCE ADDRESS Customer Number or Bar Code Label Charles J. Rupnick PO Box 46752 Address Charles J. Rupnick Regestration N (Attorney/Appnn) Regestration N (Attorney/Appnn) Regestration N (Attorney/Appnn) Power (Attorney/Appnn) 15. CORRESP N. Regestration No (Attorney/Appnn) NAME Pront/Ype) Charles J. Rupnick Regestration No (Attorney/Appnn) Regestration No (Attorney/Appnn) Regestration No (Attorney/Appnn) Address Regestration No (Attorney/Appnn) Address Regestration No (Attorney/Appnn) Address Regestration No (Attorney/Appnn) Address Regestration No (Attorney/Appnn) Regestration No (Attorney/Appnn) Regestration No (Attorney/Appnn) Regestration No (Attorney/Appnn) Address Regestration No (Attorney/Appnn) Address Regestration No (Attorney/Appnn) Address Regestration No (Attorney/Appnn) Regestration No (Attorney/Appnn) Address Regestration No (Attorney/Appnn) Regestration No (Attorney/Appnn)				EJ826043929US						
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Charles J. Rupnick Name PO Box 46752 City Seattle State WA Zip Code 98146 Country USA Telephone (206) 439-7956 Fax (206) 439-3223 NAME (Frint/Type) Charles J. Rupnick Registration No (Attorney/Agent) 43,068	2. X Applicant of 3. X Specification format (ame 4. X Drawing(s) 5. X Reissue Oa (37 C.F.R.; 6. Original U.S. Pate X Yes (If Yes, check applications) Written Co. X 37 C.F.R.	laims small entity status. See 37 CFI on and Claims in double column copy ended, if appropriate) (proposed amendments, if appropria ath/Declaration (original or copy) § 1.175) (PTO/SB/51 or 52) ent currently assigned? No plicable box(es)) onsent of all Assignees (PTO/SB/53) § 3.73(b) Statement No Power Attori	the claims. See 37 CFR 1 173 (c) 8. Original U.S. Patent for surrender Ribboned Original Patent Grant Statement of Loss (PTO/SB/55) 9. Foreign Priority Claim (35 U.S.C. 119) (if applicable) 10. Information Disclosure Statement (IDS)/PTO-1449 11. English Translation of Reissue Oath/Declaration (if applicable) 12. X Preliminary Amendment 13. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. Other: CON 95 SMALL ESTIM							
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Signature Charles Cupt Date 07 DEC 2000	NAME (PrintType) Charles J. Rupnick Registration No (Attorney/Agent) 43,068									

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REISSUE APPLICATION: CONSENT OF ASSIGNEE; STATEMENT OF NON-ASSIGNMENT Docket Number (Optional) NPI-885-001

STATEMENT OF NON-ASSIGNMENT	NPI-885-001							
This is part of the application for a reissue patent based on the original patent identified below.								
Name of Patentee(s) Carnevali, Jeffrey D.								
Patent Number 5,845,885	Date Patent Issued December 8, 1998							
Title of Invention UNIVERSALLY POSITIONABLE MOUNTING DEVICE								
1. X Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)								
2. Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.								
One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee" The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.								
The assignee(s) owning an undivided interest in said original patent is/are National Products, Inc. and the assignee(s) consents to the accompanying application for reissue.								
Name of assignee/inventor (if not assigned)								
Signature Date 1-5-00 Typed or printed name and title of person signing for assignee (if assigned)								
Jeffrey D. Carnevali								
President and Chief Operating Officer, National Products, Inc., Seattle, Washington								

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REISSUE APPLICATION FEE TRANSMITTAL FORM					Docket Number (Optional) NPI-885-001							
Claims as Filed - Part 1												
Claims in Patent			er Filed in		(3)	_	Small C	ntity		Other than a	Small Entity	
	aterit	Tetal Ole	Reissue	Reissue Application		nber Extra	R	ate	Fee		Rate	Fee
(A)	37	Total Claims (37 CFR 1 16(j))	(B)	56 19			x\$	9 =	171		×\$ =	
(C)	5	Independent claims (37 CFR 1 16(i))	(D)	17		×\$_	40_=	160	or	×\$=		
	Basic Fee (37 CFR 1.16(h)) \$ 355											
<u> </u>	Total Filing Fee \$ 686 OR \$										\$	
				Claims	s as Aı	mended - P	art 2					
		(1) Claims Remaining		(2) Highest Num		(3) ber Extra		Small E	Entity		Other than	a Small Entity
		After Amendment		Previous Paid Fo	y	Claims Present		Rate	Fee		Rate	Fee
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	dependent (37 CFR 1 16	***	MINUS	****		=	x \$_				x\$=	:
Total Additional Fee \$ OR \$									\$			
* If th	* If the entry in (D) is less than the entry in (C), Write "0" in column 3											
** If ti	** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space											
*** After any cancellation of claims												
**** If "A" is greater than 20, use (B - A), if "A" is 20 or less, use (B - 20).												
***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C)												
Applicant claims small entity status. See 37 CFR 1 27.												
Please charge Deposit Account No in the amount of A duplicate copy of this sheet is enclosed												
The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1 17 which may be required, or credit any overpayment to Deposit Account No A duplicate copy of this sheet is enclosed.												
\mathbf{X} A check in the amount of \$ 686 $\frac{60}{200}$ to cover the filing / additional fee is enclosed. #1/00												
Payment by credit card. Form PTO-2038 is attached												
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.												
O7 DEC 2000 Date Charles J. Rupnick (Reg. No. 43,068)												
	Typed or printed name											

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